

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____**

☐ **APPLICATION** ☐ **PETITION
TO REOPEN ESTATE**

FILE NO. _____

Estate of _____

1. I am interested in the estate and make this application/petition as _____ .
State interest/relationship
2. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition except as follows:
- ☐ 3. _____ completed administration of the estate.
 - ☐ a. At the time the estate was closed, the estate was subject to supervised administration (must file a petition).
 - b. The personal representative's authority to act has terminated because:
 - ☐ an order of complete estate settlement was entered following notice to all interested persons and a hearing, and the personal representative was discharged.
 - ☐ the sworn statement was filed more than 1 year ago.
 - ☐ the estate was closed before April 1, 2000.
 - ☐ the estate was administratively closed under MCL 700.3951.
- ☐ 4. _____ failed to perform the required duties, administration of the estate was not completed, and the estate was administratively closed by court order on _____ and remains closed.
 - ☐ It is necessary that a successor personal representative be appointed to continue and complete administration of the estate.
- ☐ 5. The estate was administratively closed for good cause, after notice and hearing.
6. It is necessary to reopen the estate because:
 - ☐ estate property valued at \$ _____ has been discovered and requires administration.
 - ☐ there is other good cause to reopen the estate as follows: _____

7. I REQUEST that the estate be reopened and that administration of the reopened estate be granted to:

Name _____, Address _____

City _____ State _____ Zip _____ Telephone no. _____

- ☐ the former personal representative. ☐ a successor personal representative. ☐ a special personal representative.
☐ who has priority as _____. Other persons having prior or equal right are:

Name(s) _____

I declare under the penalties of perjury that this application/petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Attorney signature

Applicant/Petitioner signature

Attorney name (type or print) Bar no. _____

Applicant/Petitioner name (type or print)

Address

Address

City, state, zip Telephone no. _____

City, state, zip Telephone no. _____

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